

2006 KASPER SATISFACTION SURVEY

Executive Summary

Reducing the Diversion of
Scheduled Prescription
Medications in the
Commonwealth of Kentucky

KASPER

Kentucky All Schedule Prescription Electronic Reporting



Commonwealth of Kentucky
Office of the Inspector General
Cabinet for Health and Family Services

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Executive Summary

2006 KASPER Satisfaction Survey

1. Background

The Kentucky All Schedule Prescription Electronic Reporting (KASPER) system is Kentucky's Prescription Monitoring Program (PMP). Responsibility for KASPER is with the Cabinet for Health and Family Services, Office of the Inspector General. KASPER tracks most Schedule II – V controlled substance prescription data dispensed in Kentucky.

KASPER is used by health care providers to help identify patients who may be at risk for prescription drug abuse and to verify compliance with a treatment regimen established by the patient's health care team. It is also used as a tool for law enforcement and regulatory officials during bona fide investigations and other appropriate reviews.

KASPER data may also be used for investigations, research, statistical analysis, educational purposes, and to proactively identify trends in controlled substance usage and other potential problem areas.

KASPER has experienced many enhancements since its development in 1999. Requests for reports have continued to grow from 3,105 requests processed in the first six months of operation to 122,469 requests in 2004, 186,279 in 2005; 273,576 in 2006; and 361,658 in 2007. Since 2000, report requests have increased 41.3% annually. In March 2005 Kentucky implemented a Web-based version of the system called enhanced KASPER (eKASPER). Since implementation of eKASPER, the number of user accounts has increased more than 2-fold and the overall efficiency rating increased 16.6 percent.

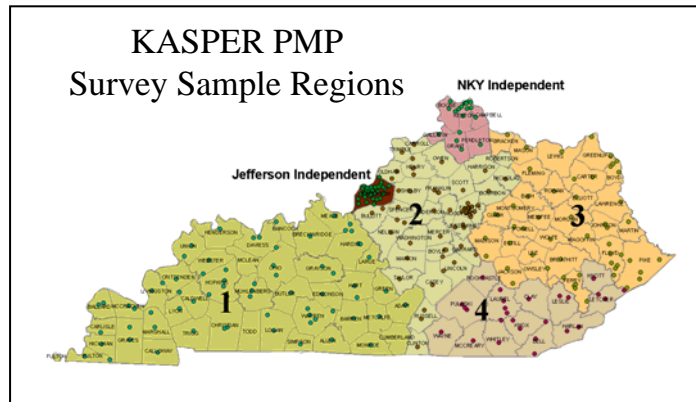
In October 2004 we launched our first KASPER Satisfaction Survey to gather the opinions of the KASPER user community. The purpose of the survey was to assess user satisfaction and to evaluate the usefulness, effectiveness and efficiency of KASPER as a tool for practitioners, pharmacists and law enforcement personnel in the fight to prevent the abuse and diversion of controlled substance prescription medications.

In 2006 we launched our second survey. The design of the 2006 survey was improved to more specifically capture prescriber, dispenser, and law enforcement opinions. The 2006 survey booklet itself was designed as a brochure providing information and advice, and links to important Web sites and resources.

Results from KASPER satisfaction surveys are being used to create recommendations for enhancements to the KASPER system and for the development of educational materials to address the needs of the user community.

2. Methods

The 2006 KASPER Satisfaction Survey was designed to help answer questions related to the effectiveness of KASPER as part of a performance monitoring requirement for the FY 2006 Prescription Drug Monitoring Program (Hal Rogers) grant awarded to Kentucky by the U.S. Department of Justice. Questions were developed using a key-person interview method that included the eKASPER project manager, program staff, law enforcement personnel, and members of Kentucky's licensure boards. Survey question construction and format strictly followed the Dillman *Tailored Design Methodology* (Dillman, 1978; 2000). To ensure representation, a stratified random sampling method was employed. The state was divided into six investigative regions. KASPER report "Requester" sample frames were developed. From these sample frames a random sample was drawn and stratified by investigative region. A 95 percent confidence interval was selected with a 5 percent sampling error. An accommodation in sample size was made to ensure a 50/50 split in response variation. Sample ratios were calculated for each sampling region to ensure sample representation. From each stratified sample, a systematic sample was then selected and the final survey sample was selected. Survey implementation followed an 8-week sequence from initial mail out to follow up, to final mailing.



Questionnaire Mailing Strategy

- Dillman's Tailored Design Method¹
- 8-week sequence
 - Survey mail out
 - Follow up sequence:
 - One week after original mailout
 - Follow up postcard
 - Three weeks after original mailout
 - Letter + Replacement Questionnaire sent only to non-respondents
 - Seven weeks after original mailout
 - Final mailing (same as previous) sent by certified mail
 - Includes letter + another replacement survey

¹ Dillman, D. (2000). *Mail and Internet Surveys: The Tailored Design Method*. 2nd ed. New York et al: John Wiley & Sons, Inc.;
Dillman, D. (1978). *Mail and Telephone Surveys: The Total Design Method*. New York et al: John Wiley & Sons.

Cabinet for Health and Family Services

3. Results

3.1. Summary

The 2004 KASPER Satisfaction Survey was intended to establish baseline data for subsequent biennial surveys. A 67.7 percent response rate was achieved among survey respondents in 2004. Similarly, in 2006, an overall survey response rate of 66.8 percent was achieved. The method employed – both the Dillman survey research protocol and the survey instrument, itself – is reliable and consistent with literature findings using the Dillman Tailored Design survey research methodology. Therefore, the planned 2008 KASPER

Satisfaction Survey will follow this method and we expect a similar return rate of around 67.25 percent. For analysis and reporting purposes, a 50 percent response rate is considered adequate; 60 percent is considered good; and 70 percent is considered very good.¹

Highlights from the 2006 KASPER Satisfaction Survey include a 13.8 percent increase overall in KASPER user satisfaction since 2004; a 12.5 percent increase in overall opinion that KASPER is an effective tracking tool; a 16.6 percent overall increase that KASPER is a very efficient tool for keeping track of an individual's scheduled prescription drug history; and a 10.3 percent increase overall since 2004 to the extent that KASPER is an excellent tool to identify doctor shoppers. The survey results reflect nearly a 3-fold increase in the utility of a KASPER report as a tool to identify controlled substance abuse and diversion in the clinical practice environment. Finally, nearly 3 out of 4 law enforcement respondents agree that KASPER is an excellent tool for obtaining evidence in the investigative process; and according to 1 in 4 law enforcement respondents, when a KASPER report is used on a drug case, the case results in conviction greater than 80 percent of the time.

Following is a key subset of survey questions providing an initial point of reference regarding the survey respondents' view of KASPER. All data is based on responses from a stratified and randomly selected sample of 841 prescriber, dispenser, and law enforcement survey respondents.

3.1.1.1. KASPER Satisfaction

Question A1: "In general, to what extent are you satisfied or dissatisfied with the KASPER reporting system?"

Response: 65.2% responded "Very Satisfied", 26.9% responded "Somewhat satisfied", 2.1% responded "Neutral", 2.1% responded "Somewhat Dissatisfied", and 0.7% responded "Very Dissatisfied".

During the period 2004 – 2006, overall user satisfaction increased 13.8 percent. KASPER system usage has steadily increased each year and for the same period 2004 – 2006, KASPER report requests increased 123%, from 122,469 requests in 2004 to 273,576 requests in 2006. This outcome reinforces our Hal Rogers Grant objective of conducting extensive training and promotion of KASPER to increase the visibility and understanding of the system throughout the health care and law enforcement communities, and to increase the number of health care practitioners and law enforcement officers who use the system.

¹ Babbie, E. (1998). *The Practice of Social Research*, 8th ed. Belmont, CA et al: Wadsworth Publishing.

3.1.2. KASPER Effectiveness

Question A2: “To what extent do you feel KASPER is an effective tool to keep track of an individual’s scheduled prescription drug history?”

Response: 93.8% responded “Very Effective” or “Somewhat Effective”, 0.9% responded “Neutral”, and 1.7% responded “Somewhat Ineffective” or “Very Ineffective”.

In comparison to 2004 results, a 12.5% increase in overall opinion that KASPER is an effective tracking tool was seen among 2006 respondents.

Question B1: “Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? ‘KASPER is an excellent tool for identifying potential “doctor shoppers” – patients who misrepresent information to a Prescriber in an effort to obtain controlled substances.’”

Response: 95.1% responded “Strongly Agree” or “Somewhat Agree”, 1.2% responded “Neutral”, and 0.3% responded “Somewhat Disagree” or “Strongly Disagree”.

Compared with 2004 results, a 10.3 percent increase was seen overall in the extent to which respondents feel that KASPER is an excellent tool to identify doctor shoppers.

Nearly 70 percent of all respondents indicated they receive information from other Prescribers and Dispensers about individuals who may be doctor shoppers. This represents a 35.6 percent positive change from 2004 respondents.

Nearly 60 percent of all respondents in 2006 have used a KASPER report to help with the decision to deny controlled substances to patients. Since 2004, this represents nearly a 3-fold increase (or 160.7% change) in the utility of a KASPER report as a tool to help identify controlled substance abuse and diversion.

3.1.3. KASPER Efficiency

Question A3: “Efficiency is defined as the ability to produce a desired result with a minimum of effort. To what extent do you feel KASPER is an efficient or easy to use tool to keep track of an individual’s prescription drug history?”

Response: 91.4% responded “Very Efficient” or “Somewhat Efficient”, 2.6% responded “Neutral”, and 2.8% responded “Somewhat Inefficient” or “Very Inefficient”.

Overall, the 2006 survey reflected a 56.3 percent decrease for those respondents who feel KASPER is an inefficient tool for tracking an individual’s scheduled prescription drug history in comparison to 2004 results. And compared with 2004 results, a 16.6 percent increase overall was seen among 2006 survey respondents to the extent that KASPER is an efficient tracking tool.

Question C3: “Are KASPER reports easy to understand?”

Response: 91.2% responded “Yes”, 1.5% responded “No”.

Compared with 2004 results, those who feel KASPER reports are easy to understand increased 13.2 percent overall among 2006 survey respondents.

3.1.4. KASPER Accuracy

Question B4: “In general, to what degree do you find KASPER patient reports to be accurate or inaccurate?”

Response: 93.1% responded “Very Accurate” or “Somewhat Accurate”, 2.2% responded “Neutral”, and 0.3% responded “Somewhat Inaccurate” or “Very Inaccurate”.

Question B5: “In your opinion, do you believe the data from KASPER reports reflects an individual’s scheduled drug use?”

Response: 80.0% responded “Yes, Always” or “Yes, Usually”, 13.6% responded “Sometimes”, and 1.2% responded “Seldom”, “Almost Never”, or “Never”.

Compared with 2004 results, respondents in 2006 find KASPER patient reports to be 10.4 percent more accurate overall. And 9.8 percent more respondents in 2006, as compared to 2004 respondents, feel that data from KASPER reports accurately reflect an individual’s scheduled drug use.

3.1.5. KASPER Perception

Question B2: “We are aware that KASPER may be viewed as a controversial program. To what extent do you agree or disagree with the following statement? “Many physicians are afraid to prescribe certain prescription drugs to their patients who need them, in fear that law enforcement officers will assume that physicians who prescribe certain drugs are automatically suspected of drug diversion and will be subsequently investigated.”

Response: 27.2% responded “Strongly Agree” or “Somewhat Agree”, 15.8% responded “Neutral”, and 53.4% responded “Somewhat Disagree” or “Strongly Disagree”.

Question D2: “Are you concerned about being investigated for prescribing or dispensing practices in general?”

Response: 24.9% responded “Yes, Very Concerned” or “Somewhat Concerned”, 26.5% responded “Neutral”, and 45.0% responded “Somewhat Unconcerned” or “No, Not Concerned At All”.

Among 2006 respondents, 35.5 percent more are either “Somewhat Unconcerned” or “Not Concerned At All” about being investigated for prescribing or dispensing practices compared with 2004 survey respondents.

The concerns expressed by Prescribers responding to these questions identify an on-going issue the KASPER staff has been monitoring since review of the 2004 Satisfaction Survey results. We continue to address these concerns through educational venues to ensure Prescribers do not feel inhibited by KASPER from prescribing controlled substances for legitimate medical purposes. As is evidenced by increased KASPER usage and by a significant reduction in concern among Prescribers about being investigated for prescribing or dispensing practices as compared with 2004 survey results, our efforts appear to be effective.

3.1.6. Prescribers/Dispensers: Use of KASPER as a Clinical Tool

Question D3: “As a Prescriber or Dispenser, talking with your patients is a very important aspect in the diagnostic and treatment process. Do you discuss information contained in a KASPER patient report with your patients in the normal course of treatment?”

Response: 15.3% responded “Yes, Always” or “Yes, Usually”, 24.4% responded “Sometimes”, and 53.5% responded “Seldom”, “Almost Never”, or “Never”.

2006 respondents, in comparison to 2004 respondents, show a 38.7 percent increase in the use of a KASPER report as a clinical tool to convey information to a patient.

Question D4: “As a Prescriber or Dispenser, have you ever denied care or medication to a patient based solely on information obtained in a KASPER report?”

Response: 58.4% responded “Yes” and 36.1% responded “No”.

Nearly 60 percent of all respondents in 2006 have used a KASPER report to help with the decision to deny care or medication to patients, compared to 2004 respondents. This represents nearly a 3-fold increase in the utility of a KASPER report as a tool to identify controlled substances abuse and diversion.

Question D14: “When treating a patient, how important is a KASPER patient report in helping a Prescriber make a decision about which drug to prescribe?”

Response: 72.4% responded “Very Important” or “Somewhat Important”, 13.6% responded “Neutral”, and 6.2% responded “Somewhat Unimportant” or “Not Important”.

Among 2006 respondents compared with 2004 respondents, a 14.2 percent increase was observed overall to the extent that a KASPER patient report is an effective decision-making tool when considering which drug to prescribe.

This observation was relatively unchanged for unimportance; however, a 53.1 percent decrease was observed in 2006 for those respondents who feel KASPER patient reports are not important at all when considering decisions about which drug to prescribe.

3.1.7. Law Enforcement: Use of KASPER as an Investigative Tool

The 2004 KASPER Satisfaction Survey did not contain questions specific to law enforcement officers, so there is no basis for comparison with 2006 survey responses. These 2006 survey responses will provide us with a baseline for comparison with future surveys.

Question E2: “Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? “KASPER is an effective tool for obtaining evidence in the investigative process.”

Response: 96.1% responded “Strongly Agree” or “Somewhat Agree”, 3.9% responded “Neutral”, and 0.0% responded “Somewhat Disagree” or “Strongly Disagree”.

Nearly 3 out of 4 law enforcement respondents in 2006 ‘strongly agree’ that KASPER is an excellent tool for obtaining evidence in the investigative process.

Question E4: “For what percentage of your drug cases would you say you request a KASPER report?”

Response: 29.7% responded “0-20%”, 24.3% responded “21-40%”, 9.5% responded “41-60%”, 11.5% responded “61-80%”, 14.9% responded “81-100%”.

For 2006 law enforcement respondents, 15 percent say they request a KASPER report on greater than 80% of their drug cases; and 25 percent of law enforcement respondents say they request a KASPER report on greater than 60 percent of their drug cases; and more than half (54 percent) of all law enforcement respondents say they request a KASPER report on about 40 percent or fewer of their drug cases.

Question E5: “In the past, when you have used a KASPER report on a drug case, about what percentage of those drug cases resulted in a conviction?”

Response: 21.8% responded “0-20%”, 6.1% responded “21-40%”, 2.7% responded “41-60%”, 9.5% responded “61-80%”, 23.8% responded “81-100%”.

According to nearly 1 in 4 law enforcement respondents, when a KASPER report is used on a drug case, the case results in conviction greater than 80% of the time; 1 in 3 law enforcement respondents say that when a KASPER report is used, convictions are rendered greater than 60% of the time.

4. Conclusions

4.1. Summary

From the results of the 2006 survey, and in comparison to 2004 survey results, user satisfaction, use of KASPER as a clinical practice tool, and the number of prescriptions written annually are all on the rise. Why? KASPER appears to be more than just a data collection system and reporting tool. Its function is more like an information support system upon which prescribers, dispensers and law enforcement officers rely as a prescriptive decision-making tool, as a tool to identify controlled substance abuse and diversion, and as a tool for obtaining evidence in the investigative process.

Based upon review of the 2006 survey data, there can be little question that KASPER is viewed as an effective and efficient Prescription Monitoring Program that provides a useful tool in the fight against prescription drug abuse and diversion in the Commonwealth of Kentucky. It is evident that KASPER has been accepted by health care professionals as a legitimate and valuable tool to assist them with pharmaceutical treatment of their patients. In addition, KASPER has proven to be an effective tool for law enforcement and regulatory officials for obtaining evidence during bona fide investigations and other appropriate reviews. The measured characteristics of the KASPER system – satisfaction, effectiveness, efficiency, perception, accuracy, diagnostic, and investigative – all appear to contribute to KASPER’s overall reputation among its users, and provide credible evidence as to its reliability to support prescriptive, dispensing, and investigative activities in Kentucky.

It has been suggested that Prescription Monitoring Programs are considered successful if the number of prescriptions of controlled substances dispensed decreases as a result of these programs. We believe this may not be accurate. While the population in Kentucky has held relatively steady, the number of prescriptions written has increased 3 percent per year since 2003 and, more recently, for the period 2005 – 2006, after implementation of eKASPER, the rate increased to nearly 6 percent. Since 2004, the number of prescriptions written has increased 9.5 percent overall. Based on our interpretation of the 2004 and 2006 KASPER Satisfaction Survey results, along with feedback from Prescribers received during meetings and educational events, it is our contention that prescribers may be more comfortable prescribing controlled substances

because they have a tool to monitor their patients' behavior and adherence to their treatment regimen.

5. Future Survey Plans

5.1. 2008 Satisfaction Survey

To continue our efforts toward measuring satisfaction trends, a 2008 KASPER Satisfaction Survey is being planned for users of the eKASPER system. This next generation survey will once again address Prescriber, Dispenser, and Law Enforcement KASPER user populations. The 2008 Satisfaction Survey will apply to the eKASPER system and will allow us to continuously compare satisfaction with the original system versus the Web based system, as well as to obtain user feedback on improvements that we can make to eKASPER.

Recommendations regarding the questions or content of the 2008 KASPER Satisfaction Survey are welcome, and can be provided to any of the contacts listed at the front of this report.

5.2. Web Based Surveys

In addition to the biennial hardcopy satisfaction survey, we plan to implement the capability to conduct additional surveys using a Web-based survey component to be developed and integrated with the eKASPER system. The Web-based survey instrument will provide a cost effective method for obtaining more frequent user feedback on the KASPER system and program, and will also provide a method for obtaining rapid, focused feedback related to specific issues or topics concerning KASPER or prescription drug abuse and diversion in the Commonwealth.
